

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF FISH AND GAME DIVISION OF MARINE FISHERIES
AQUACULTURE APPLICATION FORM
2007

1. Name: Last _____ First _____ M.I. _____
Mailing Address _____
City/Town _____ State _____ Zip Code _____
Home Telephone _____ Cell Phone _____
E-Mail Address _____
Business Name (dba) _____
Business Address _____
City/Town _____ State _____ Zip Code _____
Business Phone _____

2. Location of aquaculture license site(s) (grants)
City/Town _____ Water Body _____ License Site # _____
Site location _____

3. Growing Activities: Please check all that apply

- a. Do you intend to purchase seed shellfish? Yes _____ No _____
b. Intend to purchase seed from an approved source? Yes _____ No _____
c. Intend to maintain seed already present on site. Yes _____ No _____
d. What species to purchase/maintain? _____
e. List each species, amount and source (hatchery, other sources etc) separately.

Species	Amount	Source
		Name Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

f. Intended dates of transplants _____

4. Sale of Shellfish

- a. Intend to sell legal sized shellfish to a licensed wholesale dealer . Yes _____ No _____
if so, what species? _____
b. Intend to sell seed to other grants or municipalities in Mass. Yes _____ No _____
if so, what species? _____
c. Intend to sell seed to growers outside of Mass? Yes _____ No _____
if so, what species? _____
d. Intend to sell sub-legal shellfish for consumption? Yes _____ No _____
if so, what species? _____

5. Other Activities

- a. Intend to collect seed by spat collection methods (i.e. Chinese hats, steamer tents, netting, cultch) . Yes _____ No _____

Species	Method	% of area
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Intend to use upweller to grow seed? Yes_____No_____

1.) Type: Floating, _____Land based, _____# silos_____

2.) Upweller Location: On License site? Yes_____No_____

Building - land based? Yes_____No_____

Address_____

On a dock? Yes_____No_____Address_____

Other ? Yes_____No_____Address/location_____

3.) Source of water for upweller if not located on license site_____

c.. Culling

1.) Intend to cull seed shellfish away from licensed aquaculture site? Yes___ No___

2.) Address of culling site (s)

(Name and address of each residence is required, no PO Boxes)

_____residence:_____

_____business:_____

_____Other:_____

d. Over wintering

1.) Intend to over winter oysters? Yes_____No_____

2.) Intend to over winter other species? Yes_____No_____

if so, what species?_____

3.) Location of over wintering activities; (Name and address is required, No PO Boxes)

Name

Address

4.) Describe method of over wintering:

_____Pit; _____cooler, _____other, describe_____

5.) Other activities

1.) Intend to conduct other activities.

If so, please describe in detail on a separate piece of paper.

6. Other Information

a. How will these shellfish be conveyed from the point of origin to the licensed site?

Boat _____Vehicle _____Mail _____Private Carrier_____

Vehicle

Make & Model

Registration

Color

The permit holder shall maintain a daily list of individuals involved in a transplant. The Following vessels/vehicles are to be used in the transplant.

Vehicle	Make & Model	Registration	Color
_____	_____	_____	_____
_____	_____	_____	_____

Vessel	Make & Model	Registration	Color
_____	_____	_____	_____
_____	_____	_____	_____

b. Have you been convicted of any violation of the laws or regulations relating to marine fisheries within one (1) calendar year preceding the date of the application?

Yes_____No_____

(if yes, please state date and reason)

I AM AQUAINTED WITH THE RULES AND REGULATIONS PERTAINING TO THE USE OF THIS PERMIT AND AGREE TO COMPLY THEREWITH AND WILL NOTIFY THE DIRECTOR OF MARINE FISHERIES OR THE SHELLFISH SANITATION AND MANAGEMENT PROGRAM BIOLOGISTS IMMEDIATELY OF ANY CHANGES.

ALL INFORMATION FURNISHED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST MY KNOWLEDGE

FAILURE TO COMPLETE INFORMATION CORRECTLY MAY RESULT IN THE APPLICATION BEING RETURNED.

Signature of Applicant_____ **Date**_____

*******FORWARD SUPPLEMENTAL APPLICATION, WHITE RENEWAL FORM, GRANT QUESTIONNAIRE AND \$10.00 CHECK OR MONEY ORDER PAYABLE TO COMMONWEALTH OF MASSACHUSETTS (MUNICIPALITIES ARE FEE EXEMPT), AND MAIL TO :**

**Division of Marine Fisheries
1213 Purchase St.
New Bedford, MA. 02740
Att: Jerry Moles**

Telephone inquiries: 508 990-2860, ext 129 Jerry Moles